

LANCASTER COUNTY NEBRASKA

GENERAL ASSISTANCE GUIDELINES

Including Primary Health Care
& Cremations/Burials

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Table of Contents

CHAPTER 1 - GENERAL PROVISIONS	Pages 1-5
Definitions	Page 1
Client and Agency Responsibilities	Page 3
Appeal Procedures	Page 4
CHAPTER 2 - GENERAL ASSISTANCE GUIDELINES	Pages 6-18
Eligibility Factors	Page 6
Assistance Provided	Page 10
Disqualification from Program Participation	Page 13
Payment Procedures	Page 15
Determination of Benefits	Page 16
Classification of Need	Page 17
CHAPTER 3 - PRIMARY HEALTH CARE	Pages 19-24
Eligibility Factors	Page 19
Disqualification from Program Participation	Page 21
Scope of Medical Services	Page 21
Scope of Dental Services	Page 22
Scope of Pharmacy Services	Page 22
Scope of Mental Health Services	Page 23
CHAPTER 4 - COUNTY CREMATIONS/BURIALS	Pages 25-28
CHAPTER 5 - ADMINISTRATIVE POLICY & PROCEDURE	Pages 29-33
General Provisions	Page 29
General Assistance Vendors	Page 29
Authorized Medical and Hospital Services	Page 30
Non-Reimbursable Services	Page 32
Payment Procedures for Medical Care	Page 32
CHAPTER 6 - INCOME AND RESOURCE STANDARDS	Page 34
APPENDIX A	Page 35
APPENDIX B	Page 36

CHAPTER 1

GENERAL PROVISIONS

The following general provisions and definitions shall apply to all Lancaster County General Assistance programs administered by the County unless specific requirements of a program provide otherwise, in which case the specific program requirements will control.

DEFINITIONS

The following definitions shall apply, unless the context would indicate otherwise:

- 1:100 Adequate Notice:** Notice of case action which includes a statement of the action taken by the Caseworker, the reason for the action taken, or a change in State law and/or County regulations which requires the action taken.
- 1:101 Appeal:** A request for a hearing by an applicant to have the County's action or inaction on their case reviewed. An appeal may be requested in writing or in person.
- 1:102 Applicant:** An individual who applies for General Assistance, including burial assistance and/or medical assistance from Lancaster County.
- 1:103 Application:** A written form prescribed by the County and signed by the applicant which indicates the applicant's desire to receive General Assistance benefits.
- 1:104 Application Date:** The date the applicant/client submits a signed and completed application to the Lancaster County General Assistance Department.
- 1:105 Authorization Period:** All eligibility factors and benefits provided will be determined on the basis of a calendar month and constitutes the authorization period. Such authorization period shall be the month in which an application was filed unless a request for General Assistance was made in the month immediately preceding the application and the applicant was unable to obtain an appointment in the month of request. In such cases, the authorization period may be the month of request, if all other eligibility factors are met for that month.
- 1:106 Applicant and/or Client:** Anyone who has applied for, or is receiving, General Assistance benefits.
- 1:107 Clinic Physician:** A licensed physician who provides medical care at the designated Primary Health Care Clinic and who approves medical care by outside providers.

- 1:108** **Contributions:** Verified payments which are paid to, or on behalf of, an individual or household.
- 1:109** **Emancipated Minor:** A child under the age of nineteen (19) who is considered an adult because he/she has married or moved away from the parent's home and has been providing for their own needs.
- 1:110** **Family Unit:** An applicant is considered to reside as a family unit if he/she is presently living with a spouse, parent or stepparent in cases involving minor children.
- 1:111** **Full-Time Student:** An individual registered for full attendance at, and regularly attending, an established school, college or university or who has so attended during the most recent school term and intends to register for full attendance at the next regular term of the school.
- 1:112** **Household:** Individuals, regardless of relationship, who reside in the same dwelling unit.
- 1:113** **Income:** Income shall include:
1. **Earned Income:** Money received from wages, tips, salary, commissions or profits from activities in which an individual is engaged as a self-employed person or as an employee.
 2. **In-Kind Income:** The value of food, clothing, shelter or other items received in lieu of wages. For purposes of determining the value of in-kind income, the worker shall use the maximum payments specified for an item under the General Assistance provisions of Chapter 2, Section 2:202.
 3. **Unearned Income:** Includes, but is not limited to, money received from:
 - a. Government entitlement programs;
 - b. Social Security benefits, Railroad Retirement or Veterans benefits;
 - c. Pensions and annuities;
 - d. Disability benefits from any source;
 - e. Child support or alimony;
 - f. Unemployment or Workers' Compensation;
 - g. Inheritance, gifts, trust fund benefits, contributions, etc.;
 - h. Returns/interest/dividends from securities, investments, interest on savings, etc.; and
 - i. Income received from an insurance policy that supplements the client's income when he/she is hospitalized or receiving medical care.
 4. **Monthly Income:** Monthly income shall mean any income received within the past thirty (30) days.
 5. **Vested Rights:** The applicant is deemed to have a vested right to income if:
 - a. The applicant has been approved to receive benefits under a state or federal program for the calendar month in which General Assistance has been requested or applied for and will be received by the applicant within thirty (30) days following the application date; or

- b. The applicant has earned income in the calendar month in which General Assistance has been requested or applied for and such earnings will be paid to the applicant within thirty (30) days following the application date.
6. If payments are received annually, semiannually or quarterly, the amount is prorated on a monthly basis. For determination of countable/net income, see Sections 2:108 through 2:114.

- 1:114** **Indigent Person:** One whose net income and resources are below the General Assistance standards, as outlined herein, who does not have a parent, stepparent or spouse supporting him or her and who is unable to provide for their own needs through any other source.
- 1:115** **Medically Indigent:** One whose income and resources are determined under the General Assistance Guidelines to be insufficient to obtain medical care, who does not have a parent, stepparent or spouse supporting him or her and who is unable to provide for their medical care through any other source.
- 1:116** **Medically Necessary:** Treatment for a condition is medically necessary if the condition will worsen without medical intervention and interfere with the client's self-sufficiency or ability to work.
- 1:117** **Potential or Contingent Resources:** Income and/or resources which are not in the immediate possession and control of the applicant but to which the applicant may be entitled. Resources shall also include services or other programs available to the applicant to meet their requested needs.
- 1:118** **Request Date:** The date the applicant contacts the County General Assistance Department and schedules an appointment to apply for benefits.
- 1:119** **Resources/Assets:** Personal and real property in which the applicant has a legal interest. Resources and assets shall also include services and other established programs that are available within the community to meet the applicant's needs.
- 1:120** **Temporary Assistance:** When applicable, temporary assistance shall mean a period of time not to exceed ninety (90) days. With Director's approval, the temporary assistance period can be extended an additional ninety (90) days.
- 1:121** **Unrelated Households:** Persons who reside with, but who are not related to, the applicant as parent, stepparent or spouse.

CLIENT AND AGENCY RESPONSIBILITIES

- 1:200** **Client Responsibilities:** The client is required to:
1. Provide complete and accurate information, sign all required documents and provide verification of information used to determine eligibility;
 2. Prior to a determination of eligibility, report a change in circumstances the

next working day after the change. If eligibility has already been determined, then a change in circumstance must be reported no later than ten (10) days following the date of change. This includes information such as:

- a. An increase or decrease in monthly income and expenses;
 - b. An increase or decrease in resources;
 - c. A change in employment status;
 - d. A change in the composition of the household regardless of whether the change involves a related or unrelated household member;
 - e. A change in address and/or living arrangements;
 - f. A change in incapacity or disability status; or
 - g. Proof of employment search, as required.
3. Accept referral to any other public or private agency or organization which may be able to provide the requested assistance to the client.
 4. Comply with the Action Plan and any special instructions provided by the General Assistance Caseworker.

1:201 **Department Responsibilities:** At the time of initial application and/or recertification, the Caseworker shall:

1. Give an explanation of program requirements;
2. Explain the eligibility factors that require verification;
3. Obtain the client's written consent for needed verification;
4. Explore current and potentially available income and resources with the client;
5. Inform the client of his/her rights and responsibilities;
6. Act with reasonable promptness on the client's application for assistance as defined in Section 2:601;
7. Inform the client of medical services available and program restrictions on use of private medical providers; and
8. Provide adequate notice to the client of approval, rejection, termination or any other case action which will affect the client's assistance payment.

APPEAL PROCEDURES

1:300 **Right to Appeal:** All applicants for General Assistance and County cremations/burials may request an appeal when their application:

1. Has not been acted upon within the time established under Section 2:601; or
2. Has been denied; or
3. Has not been granted in full; or

4. Has been reduced or terminated.

1:301 **Time to Appeal:** A request for an appeal must be made within thirty (30) calendar days following the date on which notice of the County's action is mailed to the client.

1:302 **Appeal Procedure:** All requests for appeals will be referred to a hearing officer, designated by the County Board, for a fair hearing. The following procedure will apply:

1. The client shall have the right to:
 - a. Examine his/her General Assistance file prior to and during the hearing;
 - b. Be represented in the proceedings by a lawyer, friend, relative or anyone else he/she may select;
 - c. Present evidence; and
 - d. Confront and cross-examine witnesses.
2. The hearing officer shall:
 - a. Tape record the hearing;
 - b. Make a decision within thirty (30) days following the hearing based upon the evidence adduced and the law;
 - c. Provide the client a written copy of the decision setting forth findings and conclusions; and
 - d. Preserve the tape of the hearing and all exhibits offered at the hearing for not less than sixty (60) days following entry of the hearing officer's decision.
3. Upon the request of either party or the hearing officer's own motion, the hearing may be continued and the hearing record held open for a period not to exceed ten (10) days, in order to obtain additional information or to verify new information.

1:303 **Right to Judicial Review:** Any person aggrieved by a decision rendered pursuant to Sections 1:301 and 1:302 may obtain a review of such decision by filing a petition in the District Court of Lancaster County, Nebraska, within thirty (30) days after service of the decision on the client. Service shall be completed upon mailing of the decision by the hearing officer in the normal course of business to the last known address of the applicant.

CHAPTER 2

GENERAL ASSISTANCE GUIDELINES

ELIGIBILITY FACTORS

2:100 **Eligibility Criteria:** In order to be eligible for General Assistance, the applicant must come within the definition of an indigent person as set forth in Section 1:114, meet the income and resource criteria set forth in Chapter 6, establish a need pursuant to Section 2:500 and meet the following criteria.

2:101 **Legal Settlement:**

1. The term legal settlement shall be taken and considered to mean:
 - a. Every person, except those hereinafter mentioned, who has resided one year continuously in any county shall be deemed to have a legal settlement in such county.
 - b. Every person who has resided one year continuously within the State, but not in any one county, shall have a legal settlement in the county in which he/she has resided six months continuously.
2. The time during which a person has been an inmate of any public or private charitable or penal institution, or has received care at public expense in any type of care home, nursing home, or board and room facility licensed as such and caring for more than one patient or guest, and each month during which he/she has received relief from private charity or the poor fund of any county, shall be excluded in determining the time of residence hereunder as referred to in subsection (1) of this Section.
3. Every minor who is not emancipated and settled in his or her own right shall have the same legal settlement as the parent with whom he/she has resided.
4. A legal settlement in this State shall be terminated and lost by:
 - a. Acquiring a new one in another state; or
 - b. Voluntary and uninterrupted absence from this State for the period of one year with intent to abandon residence in Nebraska.

2:102 **Residency:** An applicant must reside within the geographic boundaries of Lancaster County. Individuals residing outside Lancaster County should be referred to the appropriate county office for General Assistance. If an individual is not permanently residing in Nebraska and/or Lancaster County, temporary assistance may be granted provided all other eligibility criteria are met.

2:103 **Citizenship and Alienage:** Recipients of assistance must qualify as either:

1. A citizen of the United States; or

2. A registered alien or refugee lawfully admitted to the United States. Aliens and refugees must substantiate legal entry by means of documentary evidence that they are not deportable.

2:104 **Resources:** Equity value of all resources in the immediate possession or control of the applicant, unless otherwise exempt, will be considered as income for purposes of eligibility. Such resources include but are not limited to:

1. Bank accounts, stocks, bonds, time certificates, mutual funds, cash value of life insurance, trust funds, revocable burial funds, etc.;
2. Personal property such as motor vehicles, boats, campers, motorcycles, jewelry, etc.;
3. Real estate;
4. Business equipment including all business property, fixtures and machinery, including farm machinery, but excluding tools needed for a trade or profession which have an equity value of less than \$2,000; and/or
5. Livestock, poultry and crops.

NOTE: Non-financial resources which may be available to meet the applicant's need, such as food baskets or placement at a shelter or other appropriate referrals for services, should also be considered as available resources. Failure to take advantage of these resources would make an applicant ineligible for General Assistance.

2:105 **Equity Value:** The fair market of a resource less any recorded liens or encumbrances and reasonable fees required to liquidate those resources.

2:106 **Fair Market Value of Real Estate and Motor Vehicles:** Unless evidence is presented to the contrary, the fair market value of real estate will be determined in accordance with the property's appraised value for tax purposes and the fair market value of motor vehicles will be determined in accordance with the trade-in values set forth in the most recent Midwest Edition of the National Automobile Dealers Association (NADA) Used Car Guide.

2:107 **Exempt Resources:** The following resources shall not be considered in determining an applicant's eligibility for General Assistance:

1. The home in which the client resides, unless the equity value exceeds \$7,500, in which case the applicant may be assisted for up to sixty (60) days to allow the applicant time to arrange for the sale or mortgage of such property;
 - a. Ownership of any additional properties will not be exempt regardless of equity value and will be considered to be an available resource.
2. Household furnishings;

3. A motor vehicle which is presently being used to meet the applicant's transportation needs for employment and/or medical care and which has an equity value of less than \$2,500 or a total value of less than \$5,000; and/or
 - a. A second vehicle with an equity value of less than \$2,500 or a total value of less than \$5,000 may be exempted if it is also being used for the applicant's transportation needs for employment and/or medical care and there is more than one licensed driver in the household.
 - b. In cases where additional vehicles are registered to the applicant and/or members of the household, the value of all vehicles not meeting the exemption requirements of this Section will be considered to be an available resource.
 - c. If the equity value exceeds \$2,500 or the total value is more than \$5,000, the applicant may be assisted for up to thirty (30) days to allow the applicant sufficient time to sell the motor vehicle and the proceeds shall be considered income to the applicant at the time of the sale.
4. Irrevocable burial funds in effect at the time of the request for assistance.

2:108 Ownership of Resources: Real and/or personal property which appears on record in the name of the client and/or persons included in the family unit will be considered in determining eligibility. In cases of jointly owned property in the name of the client and an individual not included in the family unit, it shall be presumed that the client's interest in such property is proportionate to all other joint owners, unless sufficient evidence is presented to the contrary.

2:109 Potential Income: All applicants will be required to seek alternative sources of income to meet their past, present and future needs in order to be eligible. In order to comply with this provision, an applicant, when applicable, shall:

1. Apply for any benefits or other programs to which he/she may be entitled to or eligible for including, but not limited to: Prescription Assistance Programs, Energy Assistance Programs, Social Security, Supplemental Security Income, Veterans Benefits, Aid to the Aged, Blind or Disabled, Aid to Families with Dependent Children, Food Stamps, Unemployment Compensation, Worker's Compensation, etc.;
2. Make good faith efforts to secure employment, unless the client:
 - a. Is employed on a regular basis and working at least thirty-five (35) hours per week; or
 - b. Is enrolled in a job training program through the Workforce Investment Act (WIA) and/or Vocational Rehabilitation; or
 - c. Has a verified physical and/or mental disability which precludes them from being employed. In such cases, the client shall not be required to seek employment until a physician certifies that their condition no longer precludes employment; or
 - d. Is a single parent and has a child under the age of five (5) residing in the home; or
 - e. Is a first time applicant for General Assistance. In such cases, the requirements of this section shall be waived in determining the initial month of eligibility.

3. Make reasonable efforts to obtain possession and control of resources or income in which the applicant has a legal interest.

2:110 **Verification:** For purposes of complying with the provisions of Section 2:109, the applicant must:

1. Provide verification from the appropriate agency that benefits have been applied for or the applicant has scheduled an appointment to apply for benefits;
2. When required, register with Nebraska Workforce Development and remain active with the agency until employment is found and/or the applicant no longer requires General Assistance and, in addition, provide documentation that the applicant is actively searching for employment. Unless otherwise specified in the individual client plan, such documentation shall consist of the name, address and phone number of at least five (5) prospective employers per week with whom the client has completed and filed an application for employment, provided the client has not used such employment application to satisfy a job search requirement in the previous three (3) months and the application was completed and filed with the employer within thirty (30) days of the date the information is due in the General Assistance Department.
3. Provide evidence that he/she has made every effort within their means to secure possession and control of resources in which they have a legal interest.

2:111 **Net Income:** Income under Section 1:113 minus allowable deductions for:

1. State and federal income taxes, based on actual personal exemptions;
2. Social Security or Retirement and Survivors Disability Insurance (RSDI);
3. Mandatory pensions;
4. Premiums paid for major medical health insurance coverage;
5. Court ordered child support which has been paid during the current month on behalf of a child not in the household; and
6. Child care payments required for the employment of parent(s).

2:112 **Excluded Income:** The following income shall be disregarded when determining the amount of General Assistance which the client is eligible to receive:

1. Stipends received through the Job Training Partnership Act and/or the Vocational Rehabilitation Division of the Nebraska Department of Education. Such disregard shall be granted for an initial period of three (3) months beginning with the month in which the first payment is received. If after consultation with the appropriate agency it is determined the client requires additional time to complete his/her training program, the disregard may be extended for an additional three (3) months. In no event may the disregard be allowed for a period in excess of six (6) months.

2. Fifty percent of a client's gross earnings for a period not to exceed two (2) months, beginning with the month the first check is received, provided the client has been unemployed and receiving General Assistance for six (6) consecutive months prior to the month employment began. In all other cases the disregard shall not apply.
3. Pell Grants or other similar grants received as part of a rehabilitation program set forth under Section 2:300 (1) (a).

2:113 **Verification and Documentation of Income and Resources:** The Caseworker shall verify all income and the ownership and value of all resources declared by the client. All verification must be documented and contained in the case record prior to approval.

2:114 **Right of Reimbursement:** The applicant, in order to be eligible, shall authorize the County to be reimbursed for General Assistance granted if the applicant is found eligible for any supplemental security income program or other program of categorical assistance which provides retroactive benefits to the applicant from the date of application or the applicant has applied for replacement of a lost or stolen categorical warrant. An applicant shall also be required to repay any General Assistance obtained through misrepresentation or fraud.

2:115 **Additional Guidelines:** In deciding eligibility issues which are not specifically addressed by these Guidelines, the Caseworker may rely upon the guidelines set forth in the Food Stamp Manual and the Aid to Dependent Children Manual which are maintained by the Nebraska Department of Health & Human Services (HHS). Copies of these manuals are available for inspection at the HHS offices located at the State Office Building, 301 Centennial Mall South.

ASSISTANCE PROVIDED

2:200 **Goods and Services Provided:** The following items are payable or may be provided through the General Assistance program:

1. Food;
2. Shelter (including deposit, rent and utilities);
3. Assisted living (cannot be authorized without a written statement from a physician indicating the client is in need of the level of care provided by an assisted living facility);
4. Medical care provided through the Primary Health Care Clinic or authorized by a Clinic Physician;
5. Transportation;
6. Non-food necessities (including laundry, housing supplies and personal care items);

7. Clothing; and/or

8. Burial expenses.

2:201

Standards for Payment: All payments from General Assistance will be made on the basis of the qualified family unit and the maximum payment shall not exceed the standard established for each category. All payments will be made directly to the vendor providing the goods or services.

2:202

Maximum Payments Per Month by Family Unit/Family Size:

1. <u>Shelter:</u>	<u>Family Size</u>	<u>Maximum Rate</u>
	1	\$300
	2	\$310
	3	\$390
	4 or more	\$495

- a. An individual may elect to have all or part of the shelter allowance applied to his/her rent or utilities, any combination of which cannot exceed the maximum shelter rate except as shown below.
- b. Payments for rent or utilities will not be granted when the applicant does not have legal settlement in the County unless extraordinary circumstances exist and can be verified by the Caseworker.
- c. Deposits - Are allowed when required in addition to maximum shelter allowance to secure adequate and safe shelter. Deposits shall not exceed one (1) month's rent as provided in this Section.
 1. Payment of deposits will not be granted when the applicant does not have legal settlement in the County unless extraordinary circumstances exist and can be verified by the Caseworker.
 2. Payment of deposits shall not be approved more than twice in any twelve (12) month period unless extenuating circumstances exist and can be verified. The application must be approved by the Director.
 3. When moving to a new domicile and requesting assistance for the deposit, the applicant/client shall provide the Caseworker with a statement from the previous landlord as to the reimbursement status of the deposit for the domicile being vacated. In cases where the client/applicant forfeits their deposit from the domicile being vacated due to their own negligence or abuse, assistance shall be granted only once during any twelve (12) month period.
- d. Temporary Crisis - Shelter amounts may exceed the maximum standard allowed when the family crisis is due to an illness, injury or loss of a job and staying within the Guidelines would require the family to move from their established home. Payments may be approved for not more than two (2) months and must have Director's approval.
- e. Housing Authority Waiting List - Shelter payments may exceed the maximum with Director's approval when it has been verified that the client is on the waiting list to receive a Housing Authority certificate and it is in the client's best interest to remain in their current home or move to a rented home that is approved for a housing certificate.

Once a shelter voucher has been issued to the vendor, the client cannot receive payment for an alternate living situation unless the voucher was issued in error or the client is required to obtain a new living situation due to circumstances beyond his/her control. In no case will payments be authorized in any one (1) month which would exceed the maximum shelter allowance specified herein.

2. Non-Food Necessities:

<u>Family Size</u>	<u>Maximum Rate</u>
1	\$15.00
2	\$25.00
3	\$30.00
4 or more	\$35.00

3. Assisted Living:

<u>Family Size</u>	<u>Maximum Rate</u>
1	Licensed Rate as Established by HHS

4. Food: All applicants will be required to apply for food stamps to meet this need. General Assistance will not be issued to supplement the food stamp allotment for which an applicant may qualify, unless there are changed circumstances and the allotment cannot be changed for the current month. In these cases the food stamp tables issued by HHS will be used to determine the amount of the food order by household size and the number of days covered.

5. Transportation: A monthly bus pass may be issued to any current General Assistance client when requesting transportation assistance for medical appointments, job search activities, General Assistance/Emergency Assistance appointments and for acquiring food and non-food items through the voucher system. If there is a physical disability which precludes the use of the bus service, the client should be referred to HHS for Social Services Block Grant (Title XX) transportation services or they may be issued a HandiVan pass. Alternative forms of transportation may be arranged at the discretion of the County General Assistance Director.

6. Transportation Outside of Lancaster County: Transportation may be provided to individuals who otherwise meet the eligibility criteria for Primary Health Care to locations outside of Lancaster County if the following conditions are met:
 - a. The individual has not resided in Lancaster County for six (6) consecutive months and wishes to return to his/her place of residence, provided the individual has secured a place to stay upon their arrival and this information can be verified; or
 - b. The individual has secured employment outside of Lancaster County and the prospective employer can confirm this information.

7. Clothing:
 - a. Lancaster County contracts with the Good Neighbor Community Center, 2617 "Y" Street, for free clothing for persons who are eligible for General Assistance.

- b. Persons eligible for clothing assistance should contact the Good Neighbor Community Center for a clothing selection appointment.
- c. Purchase of clothing for special needs may be authorized on a case-by-case basis.

8. Burials: See Chapter 4.

DISQUALIFICATION FROM PROGRAM PARTICIPATION

2:300

Ineligible Applicants: Applicants who meet the eligibility criteria may still be denied General Assistance if the lack of income and/or resources is a result of the client's own actions or inactions:

1. For purposes of this provision, full-time students will be presumed to lack income and/or resources as a result of their own actions in restricting their ability to engage in full-time employment, unless sufficient evidence is presented to the contrary. Part-time students may also be ineligible due to lack of income and/or resources as a result of their own actions when the Caseworker can determine that their student status is what prevents them from being gainfully employed.
 - a. The provisions of this Section shall not apply if the client is enrolled as a full-time student as part of a plan of vocational rehabilitation or other approved program designed to enable the applicant to become self-sufficient, provided the plan specifies that the entire time required by the client to commence and complete the educational portion of the plan does not exceed twelve (12) months. For good cause shown, the twelve month time limit can be extended up to an additional six (6) months.
2. All clients/applicants shall be ineligible to receive any form of General Assistance if there is an outstanding Lancaster County Sheriff's Department Arrest Warrant or a Lincoln City Police Department Arrest Warrant in their name. A client/applicant will be immediately eligible to reapply for benefits once the arrest warrant has been cleared. If a warrant is issued after a client's application has been approved, the file will be closed immediately.
3. When on two or more occasions the applicant/client uses threatening or vulgar language towards any employee of Lancaster County or, after any single incident involving any form of violent behavior that is perceived to be potentially harmful towards an employee of Lancaster County, the applicant/client shall remain eligible for General Assistance benefits with the following procedural exceptions:
 - a. The applicant/client will not be entitled to a face-to-face interview;
 - b. The application will be adjudicated based upon the information provided in/with the application; and
 - c. The applicant/client will be mailed a letter informing them of the decision rendered by the Caseworker.

2:301

Disposal of Resources: If an applicant has disposed of, transferred or sold any resource at less than fair market value either before or after application for General Assistance, the applicant will be ineligible for the period of time in which

the resource would have been available to meet the needs of the household. When a sale has occurred, this is determined by comparing the equity value of the resource at the time of sale to the value received. The difference is the amount which would have been available to meet the needs of the household.

Disposal of resources shall also include all situations in which an applicant/client has failed to retain rights to use of resources through his/her own actions or inactions. Such situations include, but are not limited to, eviction from residence for failure to comply with terms in the lease agreement, failure to comply with month-to-month agreements between the tenant and landlord, and/or being banned from use of the food pantry system, food stamp program or other community resources.

2:302 Reduction or Loss of Income: If an applicant has suffered a loss or reduction in income and such loss or reduction is a result of the voluntary actions or inactions of the applicant, General Assistance will be denied. Such actions or inactions include, but are not limited to, the following:

1. Failure to cooperate with any state or federal agency providing benefits to the applicant and for which non-cooperation results in the loss or reduction of benefits;
2. Failure to work when employment is or was available within the last ninety (90) calendar days or, has been offered to the applicant, and it is or was within the applicant's physical and mental ability to perform the type of work involved. In the event the disqualification period falls within the 1st and the 31st of any month, General Assistance payments will be prorated from the date the disqualification ends to the last day of the authorization period:
 - a. Applicants/clients who quit their current or former employment without just cause shall not be eligible for General Assistance benefits for a period of ninety (90) days from the last date of employment.
 - b. Applicants/clients who are terminated from their current or former employment due to their own misconduct shall not be eligible for General Assistance benefits for a period of ninety (90) days from the last date of employment;
3. The applicant has failed or refused to pursue employment opportunities within the last ninety (90) calendar days. Such failure may consist of:
 - a. Failure to complete a formal application for employment when required by the prospective employer;
 - b. Failure to appear for a personal interview which has been arranged with a prospective employer; or
 - c. Failure to accept referrals from Nebraska Workforce Development to apply to and/or interview with a prospective employer;
4. The applicant has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a state or federal agency; or

5. The applicant has, through fraud or misrepresentation, attempted to receive or did receive General Assistance to which they were not entitled in the month immediately preceding the month of application.

2:303

Disqualification: Submitting a fraudulent application or willfully withholding information pertinent to the application shall be reasons for immediate termination of benefits or denial of a claim for General Assistance benefits. When an application is denied because of fraud or the willful withholding of information, the applicant shall be ineligible for a period of ninety (90) calendar days. The Caseworker will report all fraudulent applications to the General Assistance Director. The Director may notify the local law enforcement authorities if the situation warrants further investigation and possible legal action.

PAYMENT PROCEDURES

2:400

Vendor Payments: Payments on behalf of eligible clients can be made only if the vendor will accept a County voucher and the vendor agrees to provide the goods or services through the authorization period.

2:401

Insuring Maintenance of Minimum Health and Decency: Even though an applicant is found eligible for General Assistance, payment will not be issued unless such payment will insure the maintenance of minimum decency and health for the client. Such situations include, but are not limited to, the following:

1. Utility shutoffs (The applicant has received a shutoff notice for non-payment and the maximum rate of payment allowable for the size of the household is insufficient to prevent the shutoff from occurring. General Assistance may also be denied if other assistance programs are available or the utility shutoff will not adversely affect the health, safety or welfare of the client.);
2. Foreclosure or eviction proceedings are pending and the maximum payment allowable for the size of the household is insufficient to prevent foreclosure or eviction;
3. The applicant's residence does not meet the minimum provisions of the applicable health codes;
4. Rental assistance may be denied to a client who is financially eligible if the client cannot demonstrate the ability to continue making rental payments after General Assistance has ceased; or
5. In situations where the vendor or property owner refuses to accept payments from the General Assistance program on behalf of the applicant/client.

2:402

Notice of Eligibility But Non-Issuance of Payment: In all cases in which the provisions of Sections 2:400 and 2:401 apply, the client will be notified in writing:

1. That they are eligible for General Assistance for the authorization period;
2. Of the maximum payment available for the items requested;

3. That payment will not be issued to the vendor; and
4. Once they have secured alternative living arrangements or the vendor has agreed to provide the goods and services through the authorization period, General Assistance will be issued.

If General Assistance is not issued during the authorization period, a notice of termination of benefits will be sent to the applicant. In the event that the applicant and vendor reach an agreement subsequent to the letter of termination, General Assistance may be issued if it will assist the client in avoiding relocation and if such agreement is reached within thirty (30) days of the date of the notice of termination.

2:403 Reimbursements: The General Assistance program does not reimburse any person or agency for payments made to a provider on behalf of a client.

DETERMINATION OF BENEFITS

2:500 Documentation: When making a determination of benefits, it shall be the responsibility of the applicant/client to provide all documents determined by the Caseworker to be necessary in determining the level of assistance to be provided.

2:501 Determination: The General Assistance Caseworker shall determine the level of benefits to be provided based upon the income and resource guidelines as provided in Chapter 6.

2:502 Periodic or Lump Sum Payments:

1. If an individual receives regular periodic payments, from whatever source, the Caseworker shall determine the number of times each year such payment is received. This figure is then multiplied by the amount of each payment and divided by twelve (12). This figure is the amount of monthly income to be shown in the applicant's budget each month.
2. If an applicant has received a one-time, lump-sum payment; from any source within twelve (12) months prior to application or determination of eligibility for General Assistance, the following expenses, if documented, shall be deducted from the net amount: shelter and utilities, food (based on the maximum Food Stamp allotment for the household size), medical bills and/or other costs for which the lump sum was intended, child support payments, and other reasonable and necessary living expenses. The remainder of the lump sum shall be divided by 100% of the Federal Office of Management and Budget (OMB) Poverty Guideline for the appropriate household size to determine the number of months of ineligibility for General Assistance.
3. If a recipient receives a one-time, lump sum from any source, the following expenses shall be allowed: documented debts from the date of General Assistance eligibility to the current date (e.g., shelter costs in excess of those paid through General Assistance, reasonable and necessary living expenses, child support payments) and medical bills and/or other costs for which the

lump sum was intended. In addition, lump sum funds should be used to pay all medical bills for which General Assistance has been requested but which have not yet been paid. The remainder of the lump sum shall be divided by 100% of the OMB Poverty Guideline for the household size to determine the number of months of ineligibility for General Assistance.

2:503 Recovery of Overpayments: In the event a person receives General Assistance benefits through fraud or misrepresentation, the Caseworker shall determine the amount overpaid and notify the client in writing that they are required to repay this amount. If the client reapplies for General Assistance and repayment has not been made and Section 2:302 (4) does not apply, the Caseworker shall reduce the amount of General Assistance which would otherwise be issued by 50%. The balance is the amount of General Assistance which may be authorized and issued. The withheld portion shall be applied against the overpayment. This procedure shall continue each month until the entire overpayment has been recovered, provided that recovery of an overpayment may be suspended during any month in which the client is under a physical or mental disability which precludes them from actively seeking employment.

CLASSIFICATION OF NEED

2:600 Case Categories: All applications for General Assistance will be identified according to whether the need is deemed continuous or short-term. A case will be considered to be continuous if the need is expected to or does continue beyond thirty (30) days.

2:601 Action on Continuous and Short-Term Cases: General Assistance shall be furnished to all eligible individuals:

1. Within seven (7) days after the submission of the application if the need is short-term; or
2. Within thirty (30) days after the submission of the application if the need is continuous.
3. These conditions are contingent upon the availability of the client. In cases or situations where the client cannot be contacted except via the mail, the time limitation shall be waived.

2:602 Reporting Requirements for Continuous Cases: A case shall remain open as long as there is a need within the scope of the program and the client continues to meet all eligibility requirements. In addition, the client or a representative must:

1. Report any change in circumstances (e.g. living situation, income, resources, household size) within ten (10) days of the change; and
2. In cases where the client is required to search for employment, submit the required documentation of active employment search not later than the final

week of the calendar month or before the specified date as directed by the Caseworker.

If there has been a change in the client's circumstances which would affect the amount of General Assistance the client was eligible to receive and General Assistance has already been provided pursuant to this Section, such change will be reflected in the following month which may result in an increase, decrease or denial of General Assistance for that month.

General Assistance which is received by an applicant as a result of the failure to report any information as required by this Section must be repaid to Lancaster County in accordance with the provisions of Section 2:503.

2:603 **Eligibility Recertification:** Continuous cases must be reviewed and eligibility recertified at the end of each six (6) month period in order to remain open as a continuous case. In order to recertify eligibility, the applicant must:

1. Complete and sign a new General Assistance application in a face-to-face interview; and
2. Provide necessary verification on all points of eligibility.

CHAPTER 3

PRIMARY HEALTH CARE

ELIGIBILITY FACTORS

Purpose: To furnish medical services for the poor and medically destitute of Lancaster County.

3:100 **Eligibility Criteria:** In order to be eligible for enrollment in the Primary Health Care Clinic, the applicant must qualify for General Assistance under the provisions of Chapter 2 and meet the requirements of Chapter 3.

3:101 **Residency:** An applicant must meet the requirements of Section 2:102. Applicants not residing in Lancaster County must also meet the following criteria:

1. The applicant did not enter Lancaster County for the sole purpose of obtaining medical care;
2. The illness or injury for which medical assistance is requested arose in Lancaster County, Nebraska; and
3. The medical care is provided for a life threatening or life trauma condition.

3:102 **Projecting Income:** In order to determine eligibility for medical services, the Caseworker shall consider the former and potential earning capacity of the client and adult family members. For purposes of projecting income, the Caseworker shall:

1. When there has been no significant change in income, determine the average monthly gross income based upon the three (3) months immediately preceding the application. The monthly average is then multiplied by six (6) to determine initial eligibility;
2. When the client or adult family members declare seasonal employment, use gross income as reported on IRS Form 1040 together with any unemployment benefits received in the previous year to determine average monthly income and multiply by six (6);
3. When there has been a significant change in income, use the period beginning with the month the change occurred. Such changes may include recent employment, termination, promotion, job change, reduced hours, change in amount of unearned income, etc.; and
4. Use the monthly gross income received immediately prior to the significant change if the applicant has suffered a loss or reduction of income prior to the request for General Assistance and such loss or reduction was a result of the

voluntary actions or inactions of the client or adult family members. Such actions or inactions include but are not limited to:

- a. Failure to cooperate with any state or federal agency providing benefits to the applicant and which non-cooperation results in the loss or reduction of benefits;
- b. Failure to work when employment is or was available within ninety (90) days prior to the request for General Assistance or has been offered to the applicant and it is or was within the applicant's physical and mental ability to perform the type of work involved; and
- c. The applicant has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a state or local agency.

3:103

Presumption of Eligibility: If an application for Primary Health Care benefits has been signed but cannot be acted upon because all verification and documentation has not been obtained and, in the opinion of the Clinic Physician, the client is in immediate need of medical services, clinic staff shall presume that the applicant's declarations of income and resources are true and accurate and shall:

1. Determine eligibility based on the client's declarations; and
2. Inform the client that they will become financially responsible for the cost of such medical services if it is subsequently determined that they do not qualify for Primary Health Care coverage.

The authorization to receive medical services based upon the presumption of eligibility shall not exceed a period of thirty (30) days. However, an individual shall not be granted presumptive eligibility for the purposes of this Section if the client's previous application for benefits was rejected for failure to submit requested documentation and/or information and such rejection occurred within six (6) months prior to the month of the current application.

3:104

Retroactive Eligibility for Medical Assistance: The date of eligibility beginning no earlier than sixty (60) days before the date of application if all of the following conditions are met:

1. A request for medical assistance was made by the client or someone on their behalf within sixty (60) days of the date of application;
2. The client received medical services for a life threatening or life trauma condition within sixty (60) days of the date of application and the provider complied with program requirements in the delivery of care; and
3. The client met all eligibility requirements during the entire retroactive period under consideration.

Exception: In the event the client is unable to complete an application within sixty (60) days of the date of request because of prolonged hospitalization, the sixty (60) day requirement may be waived, provided an application is completed within thirty (30) days following dismissal from the hospital and the conditions in

paragraphs 1, 2, and 3 above are met. In such cases the medical eligibility date shall be the date the client was admitted to the hospital.

3:105 **Direct Approval:** Applications for medical assistance which consist of a request for a one-time prescription or radiology services may be approved directly by the Primary Health Care Clinic without being submitted to the General Assistance Department.

DISQUALIFICATION FROM PROGRAM PARTICIPATION

3:200 **Ineligible Applicants:** Applicants who meet the financial eligibility criteria may still be denied Primary Health Care benefits if:

1. The lack of income and/or resources is a result of their own actions or inactions as described under Sections 2:300 through 2:302;
2. They are receiving or are eligible to receive Medicare, veterans health care benefits or any other governmental health care benefits; or
3. They have a health insurance policy in effect, unless there is no coverage for a particular life threatening or life trauma situation and documentation of non-coverage is provided and the applicant agrees to assign their rights under the policy to Lancaster County.

SCOPE OF MEDICAL SERVICES

3:300 **Medical Coverage for Program Participants:** All individuals enrolled in the Primary Health Care Program will be eligible for the following services:

1. Primary medical care and related health care services at no charge through the Primary Health Care Clinic of the Lincoln-Lancaster County Health Department (LLCHD);
2. Appointments for Primary Health Care will be made through the LLCHD's Community Health Services Division. At the time of appointment, the referral nurse will make an initial assessment of health care needs, make appropriate referrals and screen for financial eligibility;
3. Specialty physician services and hospital outpatient or inpatient care when certified as medically necessary as defined under Section 1:116 and prior authorization is given by the Clinic Physician or his/her designated agent. The physician and/or medical facility to be utilized and the scope of medical services to be provided shall be determined by the Clinic Physician or his/her designated agent and the following factors shall be taken into consideration in making this decision:
 - a. The most cost-effective method of intervention; and
 - b. If the condition is chronic and non-life threatening, rehabilitative potential should exist and the number of therapy or counseling sessions should be specified.

4. Access to medical triage consultation and services after clinic hours and on weekends and holidays; and
5. Emergency medical care for a life threatening or life trauma condition provided by a hospital in compliance with program requirements.

3:301 **Special Cases/Prisoners:** Prisoners in the custody of the Lancaster County Correctional System shall receive Primary Health Care coverage during the term of their incarceration. Care will be provided by the designated medical staff in the jail supplemented by the Primary Health Care Clinic. Referral procedures for hospitalization and specialty care will be the same as those for other indigent patients.

SCOPE OF DENTAL SERVICES

3:400 **Dental Coverage for Program Participants:** All individuals enrolled in the General Assistance Program will be eligible for the following services:

1. Emergency dental care and limited treatment services through the LLCHD Dental Clinic to alleviate dental pain, control infection and prevent more costly deterioration at no fee for those clients that are actively enrolled in the General Assistance Program;
2. Specialty services or services the LLCHD Dental Clinic is unable to provide when services are certified as necessary and given prior authorization by the LLCHD Dental Clinic Manager or his/her designated agent. A referral to a provider or facility for specialty services or service that the LLCHD Dental Clinic is unable to provide shall consider the following factors:
 - a. The most cost effective method of intervention;
 - b. The urgency for treatment needs;
 - c. Medicaid Treatment Services/Reimbursement; and/or
 - d. Whether the client is in good standing with the preferred provider.
3. A written treatment plan must be submitted to the LLCHD Dental Clinic Manager or his/her designated agent for prior authorization of treatment services.

SCOPE OF PHARMACY SERVICES

3:500 Pharmacy services will be offered by licensed pharmacists in accordance with the standards and procedures established by the Nebraska Medicaid Program with the exception that no co-payment will be required.

3:501 Prior authorization is required for all prescriptions, medical supplies and durable medical equipment except those ordered in the Primary Health Care Clinic in accordance with Section 3:105.

3:502 When a provider is unable to contact the General Assistance Department (e.g., weekends, holidays, after hours) for authorization and the client is an established

General Assistance recipient, they may dispense and receive reimbursement for a drug product in an emergency situation but are required to contact the General Assistance Department the next business day to receive approval.

- 3:503** All maintenance drugs or any drug used for a chronic condition may be prescribed and dispensed in a minimum of a one (1) month supply with physician approval.
- 3:504** Over the counter medications and medical supplies will not be provided unless specifically approved by the LLCHD. A list of medications and supplies that may be provided will be maintained and kept current by the LLCHD and a copy will be provided to the contract pharmacy.
- 3:505** Replacement of lost or stolen drug products will be considered but the pharmacy provider must indicate this on the claim form. Replacement must be authorized by the General Assistance Department or Primary Health Care Clinic. The client must also have filed a police report prior to replacing controlled substances.
- 3:506** The dispensing fee will be the same as that allowed by the State Medicaid System. However, pharmacists shall not, under any circumstances, make a charge to the Lancaster County General Assistance Program which exceeds the pharmacy's usual and customary charges.
- 3:507** The LLCHD will provide a quarterly, random review of prescriptions filled to monitor for medical necessity.

SCOPE OF MENTAL HEALTH SERVICES

- 3:600** **Mental Health Coverage for Program Participants:** All individuals enrolled in the General Assistance Program will be eligible for the following services:
1. Specialty physician services and hospital outpatient or inpatient care when certified as medically necessary as defined under Section 1:116 and prior authorization is given by the Clinic Physician or his/her designated agent and the following factors shall be taken into consideration in making this decision:
 - a. The most cost effective method of intervention; and
 - b. If the condition is chronic and non-life threatening, rehabilitative potential should exist, and the number of therapy or counseling sessions should be specified.
 2. Emergency medical care for a life threatening or life trauma condition provided by a hospital in compliance with program requirements;
 3. Mental health services requested by any individual with residency in another county other than Lancaster County will be referred to the county of residence to apply;
 4. Mental health care services through the Lancaster County Community Mental Health Center (LCCMHC) for outpatient services as follows:

- a. Same-day care for emergency and Primary Health Care Clinic referrals;
and
 - b. By appointment for non-emergency and ongoing services.
5. Inpatient mental health services will focus on individuals in need of acute psychiatric inpatient services who are unable to access services at the Lincoln Regional Center. The following conditions must be met. Clients must be either:
- a. At risk of suicidal behavior;
 - b. In acute psychosis unmanageable as an outpatient; or
 - c. Persons in need of short-term stabilization away from crisis situations.

In all cases, documentation must exist that efforts to place the individual at the Lincoln Regional Center have occurred.

Adult Emergency Protective Custody cases will be handled by the Lancaster County Crisis Center.

- 6. All requests for assisted living within Lancaster County must have prior authorization from the LCCMHC; and
- 7. All psychotropic medications prescribed by a Lancaster County community psychiatrist for General Assistance clients will be reviewed by the LCCMHC.

CHAPTER 4

COUNTY CREMATIONS/BURIALS

- 4:100** **County Services:** If the estate of the decedent and/or the income and resources of responsible relatives are insufficient to meet the cremation or burial expenses, General Assistance may be authorized to meet these expenses if the provider of mortuary or cemetery services is covered under the current County contract or agrees in writing to provide these services in accordance with the provisions of the General Assistance Guidelines. It is the policy of Lancaster County that cremation is the only option available. Exceptions to this policy are only for those situations where cremation is not an option due to legal considerations and must be approved by the County General Assistance Director or Deputy Director. Cremation must be approved by next of kin or responsible party. If the decedent's body is unclaimed by next of kin or a responsible party, then the County may authorize the body to be cremated or buried. The County Board's Chief Administrative Officer may authorize any such cremation or burial on behalf of the County.
- 4:101** **Allowable Expenses:** In order to determine if the assets of the estate and/or the income and resources of the responsible relative are insufficient to meet cremation or burial expenses, the maximum fee schedule set forth in Appendix B shall apply.
- 4:102** The fee schedule for County cremations/burials set forth in Appendix B is effective February 1, 2001 and will continue through February 28, 2003. The fee schedule will be adjusted effective March 1, 2003 based upon the change in the U.S. Bureau of Labor Statistics Kansas City, MO-KS Consumer Price Index - All Urban Consumers 1982-84 = 100 (CPI-U). The increase or decrease will be in the same percentage as the change in the Kansas City, MO-KS (CPI-U) from first half 2000 to first half 2002. Thereafter, the fee schedule in Appendix B shall be updated every two (2) years according to the formula set forth in this section.
- 4:103** **Services Covered by County:** The following services are included within the established fee structure as noted in Section 4:101, Allowable Expenses, and published in Appendix B:
1. Allowed Cremation Services:
 - a. Required preparation;
 - b. One-time, brief newspaper notice (name, age and time of service);
 - c. Alternative container as selected by the mortuary;
 - d. Container for cremated remains as selected by the mortuary;
 - e. Transportation from place of death to the mortuary;
 - f. Transportation to the place of cremation, if different from mortuary;
 - g. Crematory fee;
 - h. Private family viewing/visitation (no public viewing) as scheduled by the mortuary; and
 - i. Chapel services.

If cremation is not an option due to legal considerations, the following services are included within the established fee structure as noted in Section 4:101, Allowable Expenses, and published in Appendix B:

2. Allowed Burial Services:

- a. Embalming, dressing and casketing;
- b. One-time, brief newspaper notice (name, age and time of service);
- c. Casket as selected by mortuary;
- d. Grave liner, if required by the cemetery (and any associated charges);
- e. Transportation from place of death to the mortuary (see also Section 4:104);
- f. Transportation to the cemetery;
- g. Visitation as scheduled by mortuary; and
- h. Chapel or graveside services.

4:104 Items Not Covered by County Cremation/Burial: The following items are not included or provided for in the County fee structure:

1. Flowers;
2. Organist;
3. Pallbearers;
4. Clergy fee;
5. Clothing;
6. Transportation for the family;
7. Memorial cards or record book;
8. Telephone or telegraph notices;
9. Transportation of the deceased outside Lancaster County (see exceptions, in Section 4:105);
10. Headstone;
11. Funeral escort service; and
12. Burial of cremated remains except in accordance with Section 4:112.

4:105 Transportation Exceptions: A reasonable payment may be allowed to transport a Lancaster County resident from place of death outside the County (e.g. University Hospital) back to Lancaster County. Transportation of deceased from Lancaster County to a funeral home and/or cemetery in another county or state where other family members live or are buried may also be allowed when reasonable (e.g. to allow burial next to spouse). Cost for transportation will be paid as billed, not to exceed the lesser of \$.50/mile or \$100.00.

If the initial transportation of the decedent is done by any mortuary other than the one selected to provide the services covered by the County, an additional transportation fee of \$100.00 may be paid for this service.

4:106 Financial Eligibility Requirements: In order to be eligible for County cremation/burial services, the assets of the decedent's estate and/or the income and resources of responsible relatives cannot exceed allowable expenses as defined in Section 4:101.

4:107 Financial Participation: If the financial eligibility requirements are met, County cremation/burial services may be authorized but only to the extent that the cost

of services exceeds the assets of the decedent's estate and/or income and resources of responsible relatives.

EXAMPLE

	<u>Amount</u>
Step One - Cost	
Cremation	\$850.00
Step Two - Assets of Decedent	
Cash	\$100.00
Life Insurance	<u>200.00</u>
TOTAL	\$300.00
Step Three	
Total Cost	\$850.00
<u>- (minus) Assets</u>	<u>300.00</u>
COUNTY PAYMENT AUTHORIZED	\$550.00

4:108 **Responsible Relatives:** Includes spouse of the decedent and parents of minor child.

4:109 **Other Eligibility Requirements:** In addition to meeting the financial eligibility criteria, any individual requesting County cremation/burial services on behalf of the decedent must agree in writing to the following terms and conditions:

1. They will accept the services as outlined above and understand that the funeral home will not provide additional items or services;
2. They have not made nor will they make financial arrangements to provide for services not covered by the County;
3. They will cooperate with the funeral home in securing income and assets of the decedent determined to be a set off against the County's responsibility; and
4. If the decedent did not own a burial plot at the time of death, interment will be arranged through a cemetery as determined by the County.

Violations of these conditions will forfeit the County's responsibility for participating in the costs of the services provided.

4:110 **Treatment of Income of Responsible Relatives:** In cases where the responsible relative has income, the following guidelines will apply:

1. Amount of monthly income (net amount)
- (minus) Actual cost of housing, utilities and food or ADC standard of need, whichever is greater
+ (plus) Liquid resources
= (equals) Amount to be applied to County services

2. In cases where the surviving spouse/dependent child is entitled to receive the burial benefit from the Social Security Administration, those funds will be reimbursed to the County General Assistance Department upon receipt.

4:111 Agency Procedures:

1. All requests for County cremations/burials must be in writing and signed by the person making the request.
2. If arrangements for cremation/burial services have been made with the mortuary in excess of the County fee schedule, assistance will be denied.
3. Both the applicant and the mortuary will receive written notice which will indicate if the request for County cremation/burial services is approved or denied and in the case of approvals, notify the mortuary and cemetery of the amount of the payment to be made by the County.
4. If funds exist which are to be applied to the cost of the cremation/burial services and the financial institution holding such funds requires a certified copy of the death certificate, an additional \$9.00 may be paid to the mortuary to cover this expense.

4:112 Unclaimed Bodies: In cases where the decedent's body is unclaimed by next of kin or a responsible party and the State Anatomical Board does not want the body, cremation services will be provided. All cremated remains of unclaimed bodies shall be buried in an ossuary in the County section of Wyuka Cemetery. A fee of \$50.00 shall be paid to Wyuka Cemetery per inurnment, which fee shall include a permanent recording of the burial.

4:113 Unusual Circumstances: When necessary to expend monies in excess of the amounts cited in Section 4:101, approval shall be obtained from the County General Assistance Director and the special circumstances documented in the case narrative. Situations may arise which require the Director's approval and must be negotiated on a case-by-case basis due to the infrequency of such requests. A reasonable payment may be allowed for unusual circumstances not to exceed \$250.00.

CHAPTER 5

ADMINISTRATIVE POLICY AND PROCEDURE

The following regulations will control the financial obligation of Lancaster County, Nebraska, to expend funds on behalf of any individual eligible to receive General Assistance, Primary Health Care coverage and/or a County cremation/burial.

GENERAL PROVISIONS

- 5:100** **Completed Application:** The County will assume no liability to provide program benefits to any individual who fails to complete a written application within the time specified by a program's requirements. A written request for General Assistance will not act as a substitute for such written application.
- 5:101** **Availability of Funds:** The obligation of the County to provide General Assistance under any program shall be subject to the availability of funds in the fiscal year.
- 5:102** **Approved Vendors:** Even though an individual is qualified to receive program benefits, the County shall not make payment for any service unless:
1. The provider of those services is approved as a vendor by the General Assistance Department and complies with the appropriate program regulations; and
 2. The vendor agrees to reimburse the County in the event payment is made for goods or services which are subsequently not provided. Such reimbursement shall be in whole or in part based upon the actual goods or services provided.

GENERAL ASSISTANCE VENDORS

- 5:200** **Landlords:** In order to be an approved vendor eligible to receive General Relief Orders, the individual or organization receiving payment must either be:
1. The title holder of record of the real estate where the client resides; or
 2. The designated agent of the title holder or record of the real estate where the client resides; or
 3. The mortgage holder of record to the real estate where the client resides; or
 4. The buyer of real estate on land contract. If the title of record is still in the name of the seller or trustee, a copy of the contract must be provided to the General Assistance Department.

- 5:201** Immediate family members shall not qualify as landlords and shall not be eligible to receive payments as approved vendors when the applicant's relationship to the landlord includes parent, stepparent, parent-in-law, grandparent, spouse, brother, sister, son, daughter, stepson and/or stepdaughter.
- 5:202** **Assisted Living Facilities:** In order to be an approved vendor eligible to receive General Relief Orders, the assisted living facility must be licensed as such by HHS.
- 5:203** **Location of Property:** In all cases the real estate or board and room facility must be located within the geographic boundaries of Lancaster County.

AUTHORIZED MEDICAL AND HOSPITAL SERVICES

Medical and hospital care delivered by a provider to a qualified Primary Health Care client will be reimbursed for such care based upon the Medicaid rate or at the rate actually charged by the provider, whichever is less, provided such care was delivered in compliance with the following sections.

- 5:300** **Prior Authorization:** All health services and hospital care must have prior authorization by the Clinic Physician of the Primary Health Care Clinic or his designated agent unless otherwise provided for herein. Prior authorization shall consist of:
1. A written referral from the Primary Health Care Clinic designating the provider, hospital and/or physician authorized to provide care, specifying the nature of the medical service being authorized and that the medical care is to be provided within a specified period of time:
 - a. Individuals with chronic, long-term health problems will be referred to community physicians; and/or
 - b. Individuals already established with a physician for treatment of long-term health needs may remain with that physician when approved by the LLCHD.
 2. Verbal authorization by the Clinic Physician or designated agent if medical care is required after clinic hours, on weekends or holidays followed by a written referral the next working day.
- 5:301** **Prescription Medications:** Prescription medication may be issued by a provider to a qualified Primary Health Care patient upon dismissal from the hospital, provided no more than a seven (7) day supply of medication is issued. If medication will be required beyond seven (7) days, the patient should be provided with a prescription.
- 5:302** **Life Threatening/Life Trauma Condition:** Any medical condition which, in the opinion of the County designated physician, requires the individual be either:
1. Admitted to an intensive care unit; or

2. Operated upon before the next working day for emergency, non-elective procedures; or
3. Designated an emergency admission because he/she requires hospital treatment to prevent possible mortality or increased morbidity.

5:303

Emergency Medical Care:

1. Providers may be reimbursed for emergency medical care and/or subsequent inpatient hospitalization provided:
 - a. Emergency medical care was provided because of a life threatening or life trauma condition; and
 - b. The medical provider notifies the Primary Health Care Clinic or the General Assistance Department within seventy-two (72) hours of admission that they are providing medical care to a patient actively enrolled or potentially eligible for Primary Health Care coverage.
2. The Primary Care Clinic will notify the General Assistance Department when emergency treatment or hospitalization is authorized.
3. The hospital's Utilization Review Nurse completes a review of the patient within seventy-two (72) hours from the time of admission and upon completion of the review, contacts the Primary Health Care Clinic and gives the following information:
 - a. Patient identification;
 - b. Medical diagnosis; and
 - c. Patient's physician.
4. The Clinic Physician, or designated agent and attending physician, certifies the medical treatment was for a life threatening or life trauma condition and only medically necessary care was provided and reports authorization to the General Assistance Department.
5. If emergency medical care is provided after normal business hours, on weekends or holidays, the Clinic Physician must give information required in paragraphs 2 and 3 above, to the Primary Health Care Clinic on the next business day.

5:304

Continued Hospitalization/Inpatient Review: The hospital Utilization Review Nurse shall again review the patient at the fiftieth (50th) percentile of the appropriate Diagnosis-Related Group, unless sooner requested by the Clinic Physician or designated agent. In any case, the Clinic Physician or designated agent may at any time assign a County reviewing physician to evaluate the patient and treatment plan and determine whether:

1. Continued care should be authorized; or
2. Treatment could be provided on an outpatient basis.

Any determination so made shall be noted on the patient's medical records. In the event continued care is not authorized, Lancaster County shall not assume

liability for payment of medical expenses incurred from and after the date such determination is made.

NON-REIMBURSABLE SERVICES

Medical services will be provided through the Primary Health Care Clinic and are therefore not reimbursable expenses when delivered by a provider unless specifically authorized by the Clinic Physician or designated agent.

- 5:400** **Clinic Services:** Lancaster County provides Primary Health Care Clinic services through the LLCHD. Clinic hours will be at locations and times specified and staffed by licensed physicians or health professionals. All qualified clients shall have access to primary medical care through the Clinic.
- 5:401** **Acute Care:** The Primary Health Care Clinic shall provide acute care to all qualified Primary Health Care clients. This may include simple nursing services, rehabilitation, post-surgical monitoring, physical therapy, etc., which will not result in the loss of continuity of care.
- 5:402** **Attending Physicians:** The attending physicians may continue care provided the client completes an application and continuing care is approved by the Clinic Physician.
- 5:403** **Follow-Up Care:** All qualified Primary Health Care clients shall receive follow-up care through the Primary Health Care Clinic or by the previously approved attending physician upon discharge from any hospital.
- 5:404** **Radiology Services:** As the health need indicates, radiology services shall be provided at a designated site.

PAYMENT PROCEDURES FOR MEDICAL CARE

- 5:500** **Submitting Charges:** All medical providers seeking reimbursement from the General Assistance Program must include the appropriate Medicaid code designations for the services provided in order for the bill to be processed for payment. Any bills received that do not include this information shall be returned to the provider for correction and resubmission.

All bills must be received and/or resubmitted within ninety (90) days of the date of the last services provided or payment will be denied.

- 5:501** **Payment of Charges:** All bills submitted in compliance with Section 5:500 shall be approved or denied within a reasonable time, not to exceed ninety (90) days, unless:
1. Bills are being held pending the results of a client's application for a federal and/or state entitlement program which, if approved, would provide Medicaid coverage for the dates medical care was provided; or

2. An application for Primary Health Care coverage is pending, or the client has been denied coverage and is in the process of appealing the County's decision. In either case, the medical provider shall be notified of the delay and the reasons for such delay.

5:502 **Notice of Non-Coverage:** If all or any portion of the medical expenses billed (other than adjustments to reflect the Medicaid rate or excess income obligation of the client) are denied because such expenses were for non-covered services, a Notice of Finding shall be issued to the client indicating that coverage has been denied and the reason for the denial. A copy of such notice shall also be forwarded to the medical provider(s).

CHAPTER 6

INCOME AND RESOURCE STANDARDS

6:100 The income and resource standards governing eligibility for the receipt of General Assistance shall be based on the OMB Poverty Guidelines which shall be applied as follows:

1. Medical Assistance:
 - a. Primary Health Care - In order to receive services from the Primary Health Care Clinic, or from authorized outside providers, the applicant's gross income must be equal to or below 100% of the OMB Poverty Guidelines in effect during the authorization period.
 - b. Hospitalization and Emergency Room Services - In order to receive assistance for hospitalization and/or emergency room services, the applicant's net income must be equal to or below 50% of the OMB Poverty Guidelines in effect during the authorization period.
2. Non-Medical General Assistance - In order to receive assistance for all General Assistance requests for other than the medical services, the applicant's net income must be equal to or below 50% of the OMB Poverty Guidelines in effect during the authorization period. If the applicant is a family of three (3) or more seeking assistance for shelter, then the applicant's net income must be equal to or below 70% of the OMB Poverty Guidelines in effect during the authorization period.

6:101 Adjustments to OMB Poverty Guidelines: Annual adjustments to the OMB Poverty Guidelines shall become effective on the first day of the month following publication in the Federal Register. The guidelines in effect at the time of request shall govern initial eligibility determinations. A copy of the current OMB Poverty Guidelines is reproduced in Appendix A.

APPENDIX A

100 % OMB POVERTY GUIDELINE

<u>Family Size</u>	<u>Monthly</u>
1	\$ 776
2	1,041
3	1,306
4	1,571
5	1,836
6	2,101
7	2,366
8	2,631
9	2,896
10	3,161

For each additional household member, add \$265. The 100% figure is used in determining eligibility for **Primary Health Care**. (See Section 6:100 (1) (a)).

50%/70% OMB POVERTY GUIDELINE

<u>Family Size</u>	<u>Monthly</u>
1	\$ 388
2	521
3	653/915
4	786/1100
5	918/1286
6	1051/1471
7	1183/1657
8	1316/1842
9	1448/2028
10	1581/2213

For each additional household member, add \$133 (or \$186). The 50% figure is used in determining eligibility for non-primary care medical services (see Section 6:100 (1) (b)) and **non-medical General Assistance** (see Section 6:100 (2)). The 70% figure is used in determining eligibility for shelter only, for households of three (3) or more individuals.

APPENDIX B

CONSUMER PRICE INDEX - ALL URBAN CONSUMERS KANSAS CITY, MO-KS

INDEX FIRST HALF OF 2002	173.1
INDEX FIRST HALF OF 2004	179.6
CHANGE	6.5
PERCENTAGE CHANGE	3.7551%

CHANGE IN ALLOWABLE EXPENSES

1. FLAT FEE FOR MORTUARY SERVICES:

	<u>RATE</u> <u>3/1/03 to 2/28/05</u>	<u>PERCENTAGE</u> <u>INCREASE</u>	<u>RATE EFFECTIVE</u> <u>3/1/05</u>
A. CREMATION			
1. Cremation	\$955	3.7561%	\$990
B. BURIAL			
1. Adult Burial	\$1,790	3.7561%	\$1,860
2. Child Burial (under 10)	\$955	3.7561%	\$990

2. FLAT FEE TO CEMETERY:

A. CREMATION - plot, open & close	Not covered	n/a	n/a
B. BURIAL - plot, open & close	\$620	3.7561%	\$645

(Effective 3-1-05)